

DISTRICT DIRECTORS REPORT

INSTRUCTIONS: To be completed between the sixth and ninth month of operation of first year; and quarterly for delinquent borrowers and those with Financial Problems. Submit one copy to the State Director.

| | | | | |
|------------------|--|--------------------------------------|----------------------|---------------------|
| Date of Review | Type of Review <input type="checkbox"/> Initial <input type="checkbox"/> Other | <input type="checkbox"/> Delinquency | State | County |
| Name of Borrower | | | Case Number | |
| Address | | | Type of Facility | |
| Date Loan Closed | Date Placed in Operation | | Amount of Assistance | Loan \$ Grant \$ |

I Recreation or Grazing Association Borrowers

| | <u>Planned</u> | <u>Actual</u> |
|-------------------|----------------|---------------|
| 1. No. of Members | _____ | _____ |

II Water and/or Sewer Borrowers

| | |
|---------------------------------------|----------|
| 1. No. users required @ loan closing | _____ |
| 2. Actual users @ start of operations | _____ |
| 3. No. users added | _____ |
| 4. No users lost | _____ |
| 5. No. users @ review date (2+3-4) | _____ |
| 6. No. users on waiting list | _____ |
| 7. No. users delinquent | _____ |
| 8. Dollar amount Delinquent | \$ _____ |
| 9. Quantity of water purchased | _____ |
| 10. Quantity of water sold | _____ |
| 11. Quantity of waste treated | _____ |

III Health Care Borrowers

| | <u>Budget</u> | <u>Actual</u> |
|------------------------------|---------------|---------------|
| 1. No. of Beds | _____ | _____ |
| 2. Patient Days of Care | _____ | _____ |
| 3. % occupancy rate-YTD | _____ | _____ |
| 4. No. of out patient visits | _____ | _____ |

IV All Borrowers - Fiscal

| | <u>Yes</u> | <u>No</u> | <u>Amount</u> |
|--|------------|-----------|---------------|
| 1. Revenue Account established | _____ | _____ | _____ |
| 2. Debt Service Account established | _____ | _____ | _____ |
| 3. O & M Account established | _____ | _____ | _____ |
| 4. Reserve Account established | _____ | _____ | _____ |
| 5. Do Accounting records appear adequate | _____ | _____ | |
| 6. Are Quarterly Management reports timely submitted | _____ | _____ | |
| 7. If Audit is required, has Auditor been selected | _____ | _____ | |

Explain all "No's" in Section VI

V Management Data

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Do you consider the facility to be properly managed and maintained? | _____ | _____ |
| 2. Are rules, regulations and by laws enforced by governing body? | _____ | _____ |
| 3. If comments were made in previous audits concerning operation changes or adjustments, have these been made? | _____ | _____ |
| 4. Does the Governing body hold regular meetings? | _____ | _____ |
| 5. Does insurance coverage appear adequate? | _____ | _____ |

Explain all "No's" in Section VI

VI Problems and Recommended Solutions

Also explain all "No's" from sections IV and V and reasons for Reserve and Debt Account Balances which are not current.

VII Delinquent Borrowers

Include comments as to reasons for delinquency and actions which have been and are to be taken by the governing body and Agency to bring the organization's account current.

District Director

PROCEDURE FOR PREPARATION : RD Instructions 1942-A.

PREPARED BY : District Director.

NUMBER OF COPIES : Original and two copies. (For Delinquent Borrowers: Original and three copies)

SIGNATURES REQUIRED : District Director.

DISTRIBUTION OF COPIES : Original to County Office Case docket; copy retained by District Director, copy to State Office (for Community Program delinquent Borrowers State Office will send copy to National Office).